

RESERVATION FORM FOR CARLTON GALLERY'S WORKSHOPS

Please fill out the following form with all information (please print or write clearly), along with deposit (cash, check, or credit card information).

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PAYMENT INFO: Visa OR MasterCard # _____

Expiration Date: _____ 3 Digit Security Code: _____
(From Back of Card)

Check: Cash:

Instructor's name(s) and dates of workshops you would like to attend.

ALL RESERVATIONS ARE ON A "FIRST COME, FIRST SERVE" BASIS

DEPOSIT/REFUND POLICY APPLIES TO ALL WORKSHOPS

Signature

Date

Please read the Deposit/Refund Policy below

Please make and retain one copy for your files and send the other one back to:

Carlton Gallery
Attn: Toni Carlton or Carolyn Witt
10360 Highway 105 S
Banner Elk, NC 28604

For questions regarding workshops please contact Toni or Carolyn at **828-963-4288** or info@carltonartgallery.com.

Carlton Gallery
10360 Hwy 105 South
Banner Elk, NC 28604
828 963 4288

DEPOSIT / CANCELLATION POLICY

Carlton Gallery requests a deposit of \$100 when you register. The balance is due 45 days prior to the start of the workshop. There is a \$50 NON-REFUNDABLE FEE for cancellations.

The full workshop fee is due if you register within 45 days prior to workshop start date.

Due to commitments to our artists, NO REFUNDS will be made 30 days or less prior to the workshop. For cancellations made 31 days prior to the workshop a refund minus the \$50 NON-REFUNDABLE FEE will be issued. Please allow 7 to 10 days for processing.

Please use the attached form if you must cancel. We must receive your cancellation a minimum of 31 days prior to workshop. E-mail is acceptable. If you should have to cancel by telephone please request the name of the person you spoke with, write it on the form below and mail it to our office.

If you fail to pay the balance due or do not attend the workshop, NO REFUND WILL BE ISSUED.

We appreciate your cooperation with our Cancellation Policy and know you will understand our consideration for our artists.

Please make a copy for your records, detach and send the form below so as to be in our office 31 days prior to workshop start date. No Refunds will be made 30 days or less prior to the workshop. Thank you.

CANCELLATION REQUEST

NAME OF ARTIST/WORKSHOP

DATE OF WORKSHOP

NAME OF PARTICIPANT

PHONE

MAILING ADDRESS

\$ REFUND REQUESTED

NAME OF PERSON YOU SPOKE WITH IF REQUEST WAS VIA PHONE

YOUR SIGNATURE

DATE OF REFUND REQUEST